

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Officer Kirksey
 Houston County Sheriff Dept.
 144 N. Oates
 Dothan, AL 36303

A. Signature

X *Sherita Chapman*

Agent
 Addressee

B. Received by (Printed Name)

Sherita Chapman

C. Date of Delivery

7-11-07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

07CV798

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7006 2760 0002 4407 2278

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sheriff Andy R. Hughes
 Houston County Sheriff Dept.
 144 N. Oates
 Dothan, AL 36303

A. Signature

X *Sherita Chapman*

Agent
 Addressee

B. Received by (Printed Name)

Sherita Chapman

C. Date of Delivery

9-11-07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

07CV798

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7006 2760 0002 4407 2322

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154